U.S. Department of Labor Office of Labor-Management Sandards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number **U** - 573

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

					1/1/2	004 Through:	12 / 31	/ 2004
3. Name and address of person filing.			4. Name	4. Name, file number, and address of labor organization.				
Name	Jeffrey	Benavidez	te det die der het bille et te de die die die de de het bille die de menset die des princip men kommen van geb	Name	International	Associatio	on of Iron	Workers #66
				Labor	Organization File Num	nber 023-62	5	
P.O. B	ox, Bldg., Room No., if any			P.O. B	ox, Building and Roor	n Number, if any		
Street	4318 Clark Ave.			Street	4318 Clark Av	B.		
City	San Antonio			City San Antonio				
State	Texas	ZIP Code + 4	78223	State	Texas		ZIP Code + 4	78223
5. Positi	on in labor organization.	Business Manager						
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.								
	and address of Employer (i			T	re of Interest, Transac		.sont.	
Name				700 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	ermannistration of the state of			
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City						g proposition and production of the contraction of		
State		ZIP Code + 4			Remonstrating	City dolong it in norman in monocome a principal neutral successer e communication e communica	MINISTER STATE STA	
Signature								
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)								
Signe	Jeffrey !	 Denavid		On _	8-11-05			
			7		Date	Te	elephone Numbe	er
under	signed's knowledge and beli	ef, true, correct, and com	In any accompany	ing docume ction on per	nts), has been examir latties in the instruction	ned by the signat	ory and is, to the	e best of the

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ivame	OI.	Person	rilling

Jeffrey Benavidez

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name Austin, Calvert & Flavin, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 755 East Mulberry City San Antonio State Texas ZIP Code + 4 78212	9. Business deals with: a. Labor Organization b. Trust c. Employer					
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Texas Ironworkers Trust Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 400	11.a. Nature of such dealing. Investment Manager.					
Street 9555 W. Sam Houston Pkwy S City Houston State Texas ZIP Code + 4 77099	11.b. Approximate dollar value of such dealing. \$108,343 12.a. Nature of interest held or income received. April 19, 2004 Texas Ironworkers Reception Lakeway Inn and Conference Center.					
C. Received from any employer (other than an employer covered unde	12.b. Amount. \$19					
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.					